STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155349	A. BUILDING **01, 03** B. WING _____	R **05/30/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ANNE HOME	**1900 RANDALLIA DR** **FORT WAYNE, IN 46805**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS A Fire Safety Evaluation System (FSES) Survey and a Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/15/13 and 04/16/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/30/13 Facility Number: 000240 Provider Number: 155349 AIM Number: 100274960 At this FSES survey, Saint Anne Home was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Achieving a passing score on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). The original building consisting of the three story building and the main entrance/dining room was surveyed with Chapter 19, Existing Health Care Occupancies. The original building is a fully sprinklered three story building of Type II (222) construction with a basement. The main entrance/dining room is a one story fully sprinklered building of Type V (111) construction and the Rehabilitation unit with a physical therapy gym is a one story fully sprinklered building of Type V (000) construction.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 168 and had a census of 150 at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/05/13. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.	{K 000}		
{K 033} SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain 2 of 2 exit stairways in accordance with LSC 7.7.1 and LSC 7.7.2. LSC 7.7.1 requires exits to discharge to the public way or an exterior exit discharge. LSC 7.7.2 allow no more than 50 percent of exits to discharge into an area on the level of exit discharge. This deficient practice could affect any of the 49 residents on the second floor and any of the 41 residents on the third floor in the event of an emergency evacuation.	{K 033}		5/2/13

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{K 033}	Continued From page 2 Findings include: Based on observations with the Maintenance Director on 05/30/13 at 12:40 p.m., the southwest stair and northeast stair discharged onto the first floor and not directly to the exterior of the building. This was confirmed by the Maintenance Director at the time of observations. 3.1-19(b)	{K 033}		
{K 000}	INITIAL COMMENTS A Fire Safety Evaluation System (FSES) Survey and a Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/15/13 and 04/16/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/30/13 Facility Number: 000240 Provider Number: 155349 AIM Number: 100274960 At this FSES survey, Saint Anne Home was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Achieving a passing score on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC).	{K 000}		

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{K 000}	Continued From page 3 The Rehabilitation unit and Therapy Gym were surveyed with Chapter 18 New Health Care Occupancies. The original building is a fully sprinklered three story building of Type II (222) construction with a basement. The main entrance/dining room is a one story fully sprinklered building of Type V (111) construction and the Rehabilitation unit with a physical therapy gym is a one story fully sprinklered building of Type V (000) construction. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 168 and had a census of 150 at the time of this survey. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.	{K 000}		
{K 039} SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes is at least 8 feet. In limited care facilities and psychiatric hospitals, width of aisles or corridors is at least 6 feet. 18.2.3.3, 18.2.3.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the corridor width for 1 of 2 Rehabilitation Hall corridors was at least eight	{K 039}		5/2/13

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{K 039}	Continued From page 4 feet wide. This deficient practice affects any of the 12 residents on the Rehabilitation Hall. Findings include: Based on an observation with the Maintenance Director on 05/30/13 at 12:45 p.m., the corridor width measured six feet from resident suite E to resident suite O in the Rehabilitation Hall. This was confirmed based on an interview with the Maintenance Director at the time of the observation. 3.1-19(b)	{K 039}		
{K 040} SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access doors and exit doors used by health care occupants are of the swinging type with openings of at least 41.5 inches wide. Doors in exit stairway enclosures are no less than 32 inches in clear width. In ICFs/MR, doors are at least 32 inches wide. 18.2.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 13 exit doors had a clear width no less than 41.5 inches wide. LSC 18.2.3.5 requires the clear width of doors in the means of egress from nursing homes shall be no less than 41.5 inches. This deficient practice could affect any of the 12 residents on the Rehabilitation Hall in the event of an emergency evacuation.	{K 040}		5/2/13

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{K 040}	Continued From page 5 Findings include: Based on observation with the Maintenance Director on 05/30/13 at 12:50 p.m., exit door # 12 in the path of egress from the Rehabilitation Hall measured thirty six inches in clear width. This measurement was provided and confirmed by the Maintenance Director at the time of observation. 3.1-19(b)	{K 040}		